CMC ANNUAL AWARD FOR EXCELLENCE IN THE LEGAL ASSISTANCE NOMINATION FORM AND INSTRUCTIONS

The following form alone will be used in nominating your legal assistance program for recognition by the CMC. This is a new program, so please read carefully. **DO NOT ATTACH ANY ENCLOSURES** unless required by this application. You may print or type your responses. A "YES" or "NO" response will be checked or a blank line or space filled in, as appropriate. Enough space is provided to answer each question for most situations, but if you need more space, then use Pages 10 - 12.

Each application will be forwarded over the signature of the commander responsible for the program. The application will be sent to: Legal Assistance Policy Office, Code JAL, Headquarters, U.S, Marine Corps, Washington, DC 20380-1775 so as to arrive not later than 3 March. Fax submissions will be accepted if received no later than 3 March. Applications may be submitted via E-Mail as an attachment to an E-Mail addressed to either the Head or Assistant Head, Code JAL. The E-Mail message must be posted no later than 3 March and signed documents such as the commander's forwarding endorsement and SJA's policy letters must be FAXED no later than 3 March. In the case of both E-Mail and FAXED submissions, optional photos must be mailed so as to arrive no later than 3 March. Applications received after 3 March will not be considered. The relevant period for this award is the calendar year.

Each application will be considered in conjunction with the accuracy and timeliness of your Annual Report on Legal Assistance Services, which is due on 15 January; your interim Tax After-Action Report, which is due 1 May; your Final Tax After-Action Report, which is due on 1 July, and other reports required by Code JAL during the year.

Award certificates will be mailed to those selected not later than 15 May.

CMC ANNUAL AWARD FOR EXCELLENCE IN THE LEGAL ASSISTANCE

NOMINATION FOR CALENDER YEAR

A. ADMINIS	TRATI	/E INF	DRMATION	
Name of the legal assistance office nominated:			Total Number of Attorneys (Military a for this SJA/legal office for calender year	
Indicate the number of potential clients in your military community. (Include those potential clients located closer to	a. A	ctive du	ty military:	
your installation than another installation in which legal assistance services are provided.)	b. Fa	amily m	embers of active duty military:	
, in the second	c. Re	etired m	ilitary and family members:	
	d. O			
	e. TO	OTAL:	1	
	YES	NO	If no, why not?	
4. Did you submit a timely Annual Report on Legal Assistance Services this year?				
5. Did you submit a timely Interim After-Action Report on Tax Assistance for this tax season?				
6. Did you submit a timely Final After-Action Report on Tax Assistance for this tax season?				
7. Does your legal office have a policy letter that addresses the authority of various supervising attorneys, authorized legal services, and other such matters?			If yes, attach a copy of any letter in effect during the	ne calendar year.
B. INDIC	CIA OF	EXCEL	LENCE	
Using bullets, indicate a maximum of five statements of your legal assistance program	gram which	existed a	t the start of the year and continued throughout.	
a.				
b.				
c.				
d.				
е.				
 Using bullets, indicate your three most important legal assistance client-service ini a. 	uativės be(yun auring	uns year.	
b.				
c.				

NAVMC 11351 (11-97) PAGE 2							
B. INDICIA OF E	XCELL	ENCE	E (C	Cont.)			
3. Using bullets, indicate your three most significant preventive law efforts in direct support	t of legal a	ssistand	ce di	uring the	year.		
a.							
b.							
с.							
C. LEGAL ASSISTANCE F	PROGR	AM A	۱D۵	MINIS	TRATION		
What, if any, temporary variations from established policy has the SJA or other supervision whether a memorandum describing any such variations was forwarded to Code JAL.	ing attorne	ey autho	orize	d at any 1	time during the year? Discu	uss their nature and o	duration. Indicate
2. What, if any, exceptions were in effect at any time during the year? Discuss their nature	e and dura	tion.					
3. What categories of persons eligible to receive legal assistance were denied legal assistan any time during the year, other than because of a conflict of interest?	ice or prov	rided leg	gal a	ssistance	on a limited basis (e.g., lim	ited to certain days,	hours, services) at
					1		
			YES	NO		F YES, WHY?	
Other than as already noted above, was any person eligible for legal assistance denied ar or any legal assistance service at any time during the year because he or she was assigned to		nent					
affiliated with, commands, installations, or military departments different from those of clier customarily served by your attorneys?	nts						
Other than as already noted above, was routine legal assistance not provided or not avai clients seeking legal assistance in any authorized type of case during the year (other than be							
conflict of interest)?							
					<u> </u>		
D. LEGAL ASSISTANCE OFFICE FACILITIES. (Although not			┰				tions in this
1. In there a waiting years for local assistance alients?	YES	NO	- '	3. vvnen	was the legal assistance ar	'ea last painted?	
Is there a waiting room for legal assistance clients?			,	4. How o	old is the carpeting in the le	gal assistance office	?
Do clients waiting to see Defense Counsel use a separate waiting room or area from that used by legal assistance clients?			ļ	5. How o	old is the furniture in the leg	gal assistance office?	1
						YES	NO
6. Is such legal assistance attorney's office personalized with appropriate diplomas and bar	certificate	es?					

1														
NAVMC 11351 (11-97) PAGE 3														
		D. L	EGAL AS	SSISTA	NCE O	FFICE	FAC	ILITIE	S (C	Cont.)				
7. Provide bullets describing the nature o equipment or furniture completed during t ment or upgrade was completed.)		cant reno	vations or ot	ther improv							ooms togethe	or with the upgr	ade in an	у
			Е	. TECH	INOLO	GY SI	UPPO	RT_						
					HARE									
a. Did each legal assistance attorney have an IBM compatible personal computer in his or her office? YES NO IF NOT, WHY NOT?								NOT?						
b. What model are the legal assistanc	e computers	5?					286			386	486	6	Penti	ım
c. How much RAM does each comput	er have?		d. What	t size hard	disk does	e. Are the computers hooked to a LAN?						NO		
f. Does each computer have a modem	?			YES	NO	a.	Does ea	ch atto	rnev ha	ave easy access 1	o a Hewlett-F	Packard/Epson	YES	NO
If yes, is the modem connected to a telep	hone line? I	f No, why	y not?							t-Packard compa				
				2.	SOFT	WAR	E:							
	YES	NO	b. Wha	at other so	ftware pro	grams a	re availal	ole on t	hese	c. What ver		Vills (if any) is l	peing use	d by
a. Does each legal assistance computer have Windows 3.1 or higher?														
			3. E	LECTR	ONIC E	BULLE	TIN B	OAR	D					
	YES	NO	b. Do	legal as	ssistanc	e pers	onnel r	outin	ely u	se the BBS?		YES		NO
a. Do legal assistance personnel have personal access to the Legal Assistance Forums (Army, NJS, Code 36) of the Bulletin Board System (BBS)?] If	no, wh	ny not?	' If y∈	es, for	wha	it pu	rpose is it u	ised?			

NAVMC 11351 (11-97) PAGE 4							
F. 1	.EGA	L ASS	ISTAN	CE OPERATION			
How is the military community informed about the program?	office	e locati	on, hou	's or operation, and the scope of services of your legal assistance			
Scheduling clients: a. How do you manage your client interviews, (e.g.)	., by	appoin	tment o	nly, walk-in basis, both appointments and walk-ins)?			
b. Did an attorney screen clients requesting immediate assistance to determine if their situation warranted immediate assistance? c. What, if any, time period is imposed beyond which a legal assistance appointment will not be made (e.g., no appointments are made beyond two weeks after the request for appointment is made)?							
3. Conflicts of Interest: a. Which, if any, software client data card system do you use to monitor conflicts? b. Once identified, how do you handle them?							
4. Estimate the percentage of each of the following the software program and version number):	nat w	ere cor	npleted	during the year using software programs (identify by name of			
	F	PERCE	NTAGE	NAME OF SOFTWARE AND VERSION NUMBER			
a. Wills							
b. Advance medical directives							
c. Powers of attorney							
d. Client data statistics							
e. Separation agreements							
5. If software is not used for powers of attorney and advanced medical directives, is the required preamble included in the documents?	YES	NO	If no,	why not?			

6. Will executions:

b. Does an attorney supervise the will execution?	a.	How do you schedule will executions?		YES	NO	If no, who does?
			,			

c. Who serves as witnesses for the execution?

d. How many wills are executed at the same time?

7. Briefly describe your installation tax assistance program.

8. Describe the office policies and procedures for resolving/preventing instances of consumer fraud.

NAVMC 11351	(11-97) PAGE 5									
		F	I FGAL A	TPIPP	ANCE	OPERATI	ON (Cont.)			
	Procedures: percentage of your clients ha outside counsel?		b. D				for making r	eferrals.		
				YES	NO			IF NO	, WHY NOT?	
c. Do yo	ou have a referral list of local a	attorney	rs?							
	s, has each attorney on the lis e competence, areas of exper									
	have a referral list, has any a gotiate reduced fees for legal									
are on a no	percentage of your referrals fee basis? ed fee basis?	g. Does the legal assistance attorney contact the attorney the referral is made to before the client does? YES NO If No, Why Not?								
other servic	10. Do you use the Marine Corps or other services' Reserve Officer Legal Assistance Directory? YES NO If No, Why Not? If yes, for what purpose?									
	11. If your legal assistance program included mediation services on the installation, pro se assistance, or in-court representation, briefly describe the type of cases in which such services were provided, and whether they were available in those cases on a routine or exceptional basis.									
	h legal assistance client provided legal assistance evaluation	YES	NO If No	o, Why	Not?					
			G.	STAF	F ANI	D TRAININ	IG			
assistance (community by each attrassistance of If the attornattended the of days of C TAD/Admi I	our assigned active componer LA) services on your installati or communities in which your orney was on either a full (F) of experience prior to this year. Ley completed the Army Gradue e Legal Assistant short course CLEs (excluding travel) that each Leave status. Round off all fray not in the "Remarks" section	on. Pla installa or part-t Indicate uate Col at TJA ch attor actions	ce an aster tion is locatime (P) base in the fiftlurse indications GSA or an trney attent to the next	risk aft ated. In the column te that equivaled this whole	er the ndicate of the	name of each in the third in the third in that attor Remarks seegal Assistation legal assistation	ch attorney of column who cate in the frage completed in the frage completed in the column and colu	who is lice ther the courth contend the Nate in the Contend to the	censed to practice la e months of legal as lumn the number of Naval Justice Schoo e six column when te in the seventh co al conduct subjects	aw in the civilian sistance provided months of legal I Lawyer Course. that attorney last blumn the number while in a
Grade/Rank	LAST NAME		# of MOS in year			I # of MOS _A Exper.	of Mo/Yr (•	Mo/Yr Compl. LA Course	# of days of LA CL in Yr.

Grade/Rank LAST NAME # of MOS in LA in year (F/P) LA Exper. Mo/Yr Compl. LA # of days of CL in Yr. LA Exper. Mo/Yr Compl. LA # of days of CL in Yr. LA Exper. Mo/Yr Compl. LA # of days of CL in Yr. LA Exper. Mo/Yr Compl. LA # of days of CL in Yr. LA Exper. Mo/Yr Compl. LA # of days of CL in Yr. LA Exper. Mo/Yr Compl. LA # of days of CL in Yr. LA Exper. Mo/Yr Compl. LA # of days of CL in Yr. LA Exper. Mo/Yr Compl. LA # of days of CL in Yr. LA Exper. Mo/Yr Compl. LA # of days of CL in Yr. Mo/Yr Compl. LA # of days of CL in Yr. LA Exper. Mo/Yr Compl. LA # of days of CL in Yr. Mo/Yr Compl. LA # of days of CL in Yr. Mo/Yr Compl. LA # of days of CL in Yr. NJS LC Mo/Yr Compl. LA # of days of CL in Yr. NJS LC Mo/Yr Compl. LA # of days of CL in Yr. NJS LC Mo/Yr Compl. LA # of days of CL in Yr. NJS LC Mo/Yr Compl. LA # of days of CL in Yr. NJS LC Mo/Yr Compl. LA # of days of CL in Yr. NJS LC Mo/Yr Compl. LA # of days of CL in Yr. NJS LC Mo/Yr Compl. LA # of days of CL in Yr. NJS LC Mo/Yr Compl. LA # of days of CL in Yr. NJS LC Mo/Yr Compl. LA # of days of CL in Yr. NJS LC Mo/Yr Compl. LA # of days of CL in Yr. NJS LC Mo/Yr Compl. LA # of days of CL in Yr. NJS LC Mo/Yr Compl. LA # of days of CL in Yr. NJS LC Mo/Yr Compl. LA # of days of CL in Yr. NJS LC Mo/Yr Compl. LA # of Cl in Yr. Mo/Yr Compl. LA # of Cl in Yr. NJS LC Mo/Yr Compl. LA # of Cl in Yr. Mo/Yr Compl. LA # of Cl in Yr. Mo/Yr Compl. LA # of Cl in Yr. NJS LC Mo/Yr Compl. LA # of Cl in Yr. NJS LC Mo/Yr Compl. LA # of Cl in Yr. NJS LC Mo/Yr Compl. LA # of Cl in Yr. NJS LC Mo/Yr Compl. LA # of Cl in Yr. NJS LC Mo/Yr Compl. LA # of Cl in Yr. NJS LC Mo/Yr Compl. LA # of Cl in Yr. NJS LC Mo/Yr Compl. LA # of Cl in Yr. NJS LC Mo/Yr Compl. LA # of Cl in Yr. NJS LC Mo/Yr Compl. LA # of Cl in Yr. NJS LC Mo/Yr Compl. LA # of Cl in Yr. NJS LC Mo/Yr Completed # of Cl in Yr. NJS LC Mo/Yr Completed # of Cl in Yr. NJS LC Mo/Yr Completed # of Cl in Yr. NJS LC Mo/Yr Completed # of Cl in Yr. NJS			G STAFF A	ND TRAINING (C	ont l					
REMARKS: 2. List all your assigned active component and civilian personnel who performed clerical or paralegal duties (including summer interns) in direct support of your legal assistance program this year. Indicate in the third column whether the months of legal assistance support provided by each person was on either a full (F) or part-time (P) basis (e.g., 12-F, 3-P). Round off all fractions to the next whole number. Indicate in the sixth column, the number of days of training the individual has received this year on legal assistance or professional conductions. [State (Paper) LAST NAME # of MOS of Civ. Notary Position/ Days of L.	G. STAFF AND TRAINING (Cont.)									
REMARKS: 2. List all your assigned active component and civilian personnel who performed clerical or paralegal duties (including summer interns) in direct support of your legal assistance program this year. Indicate in the third column whether the months of legal assistance support provided by each person was on either a full (F) or part-time (P) basis (e.g., 12-F, 3-P). Round off all fractions to the next whole number. Indicate in the sixth column, the number of days of training the individual has received this year on legal assistance or professional conductions. In the sixth column, the number of days of training the individual has received this year on legal assistance or professional conductions.	Grade/Rank	LAST NAME					# of days of LA CL in Yr.			
2. List all your assigned active component and civilian personnel who performed clerical or paralegal duties (including summer interns) in direct support of your legal assistance program this year. Indicate in the third column whether the months of legal assistance support provided by each person was on either a full (F) or part-time (P) basis (e.g., 12-F, 3-P). Round off all fractions to the next whole number. Indicate in the sixth column, the number of days of training the individual has received this year on legal assistance or professional conductions. Grade/Park LAST NAME # of MOS of Civ. Notary Position/ Days of Liv.										
2. List all your assigned active component and civilian personnel who performed clerical or paralegal duties (including summer interns) in direct support of your legal assistance program this year. Indicate in the third column whether the months of legal assistance support provided by each person was on either a full (F) or part-time (P) basis (e.g., 12-F, 3-P). Round off all fractions to the next whole number. Indicate in the sixth column, the number of days of training the individual has received this year on legal assistance or professional conductions. Grade/Park LAST NAME # of MOS of Civ. Notary Position/ Days of Liv.										
2. List all your assigned active component and civilian personnel who performed clerical or paralegal duties (including summer interns) in direct support of your legal assistance program this year. Indicate in the third column whether the months of legal assistance support provided by each person was on either a full (F) or part-time (P) basis (e.g., 12-F, 3-P). Round off all fractions to the next whole number. Indicate in the sixth column, the number of days of training the individual has received this year on legal assistance or professional conductions. Grade/Park LAST NAME # of MOS of Civ. Notary Position/ Days of Liv.										
2. List all your assigned active component and civilian personnel who performed clerical or paralegal duties (including summer interns) in direct support of your legal assistance program this year. Indicate in the third column whether the months of legal assistance support provided by each person was on either a full (F) or part-time (P) basis (e.g., 12-F, 3-P). Round off all fractions to the next whole number. Indicate in the sixth column, the number of days of training the individual has received this year on legal assistance or professional conductions. Grade/Park LAST NAME # of MOS of Civ. Notary Position/ Days of Liv.										
2. List all your assigned active component and civilian personnel who performed clerical or paralegal duties (including summer interns) in direct support of your legal assistance program this year. Indicate in the third column whether the months of legal assistance support provided by each person was on either a full (F) or part-time (P) basis (e.g., 12-F, 3-P). Round off all fractions to the next whole number. Indicate in the sixth column, the number of days of training the individual has received this year on legal assistance or professional conductions. Grade/Park LAST NAME # of MOS of Civ. Notary Position/ Days of Liv.										
2. List all your assigned active component and civilian personnel who performed clerical or paralegal duties (including summer interns) in direct support of your legal assistance program this year. Indicate in the third column whether the months of legal assistance support provided by each person was on either a full (F) or part-time (P) basis (e.g., 12-F, 3-P). Round off all fractions to the next whole number. Indicate in the sixth column, the number of days of training the individual has received this year on legal assistance or professional conductions. Grade/Pook LAST NAME # of MOS of Civ. Notary Position/ Days of Liv.										
2. List all your assigned active component and civilian personnel who performed clerical or paralegal duties (including summer interns) in direct support of your legal assistance program this year. Indicate in the third column whether the months of legal assistance support provided by each person was on either a full (F) or part-time (P) basis (e.g., 12-F, 3-P). Round off all fractions to the next whole number. Indicate in the sixth column, the number of days of training the individual has received this year on legal assistance or professional conductions. Grade/Pook LAST NAME # of MOS of Civ. Notary Position/ Days of Liv.										
2. List all your assigned active component and civilian personnel who performed clerical or paralegal duties (including summer interns) in direct support of your legal assistance program this year. Indicate in the third column whether the months of legal assistance support provided by each person was on either a full (F) or part-time (P) basis (e.g., 12-F, 3-P). Round off all fractions to the next whole number. Indicate in the sixth column, the number of days of training the individual has received this year on legal assistance or professional conductions. Grade/Pook LAST NAME # of MOS of Civ. Notary Position/ Days of Liv.										
2. List all your assigned active component and civilian personnel who performed clerical or paralegal duties (including summer interns) in direct support of your legal assistance program this year. Indicate in the third column whether the months of legal assistance support provided by each person was on either a full (F) or part-time (P) basis (e.g., 12-F, 3-P). Round off all fractions to the next whole number. Indicate in the sixth column, the number of days of training the individual has received this year on legal assistance or professional conductions. Grade/Pook LAST NAME # of MOS of Civ. Notary Position/ Days of Liv.										
direct support of your legal assistance program this year. Indicate in the third column whether the months of legal assistance support provided by each person was on either a full (F) or part-time (P) basis (e.g., 12-F, 3-P). Round off all fractions to the next whole number. Indicate in the sixth column, the number of days of training the individual has received this year on legal assistance or professional conductions. # of MOS of Civ. Notary Position/ Days of LAST NAME.	REMARKS:		L	<u> </u>	_ I	<u>l</u>	L			
direct support of your legal assistance program this year. Indicate in the third column whether the months of legal assistance support provided by each person was on either a full (F) or part-time (P) basis (e.g., 12-F, 3-P). Round off all fractions to the next whole number. Indicate in the sixth column, the number of days of training the individual has received this year on legal assistance or professional conductions. # of MOS of Civ. Notary Position/ Days of LAST NAME.										
direct support of your legal assistance program this year. Indicate in the third column whether the months of legal assistance support provided by each person was on either a full (F) or part-time (P) basis (e.g., 12-F, 3-P). Round off all fractions to the next whole number. Indicate in the sixth column, the number of days of training the individual has received this year on legal assistance or professional conductions. # of MOS of Civ. Notary Position/ Days of LAST NAME.										
direct support of your legal assistance program this year. Indicate in the third column whether the months of legal assistance support provided by each person was on either a full (F) or part-time (P) basis (e.g., 12-F, 3-P). Round off all fractions to the next whole number. Indicate in the sixth column, the number of days of training the individual has received this year on legal assistance or professional conductions. # of MOS of Civ. Notary Position/ Days of LAST NAME.										
direct support of your legal assistance program this year. Indicate in the third column whether the months of legal assistance support provided by each person was on either a full (F) or part-time (P) basis (e.g., 12-F, 3-P). Round off all fractions to the next whole number. Indicate in the sixth column, the number of days of training the individual has received this year on legal assistance or professional conductions. # of MOS of Civ. Notary Position/ Days of LAST NAME.										
direct support of your legal assistance program this year. Indicate in the third column whether the months of legal assistance support provided by each person was on either a full (F) or part-time (P) basis (e.g., 12-F, 3-P). Round off all fractions to the next whole number. Indicate in the sixth column, the number of days of training the individual has received this year on legal assistance or professional conductions. # of MOS of Civ. Notary Position/ Days of LAST NAME.										
direct support of your legal assistance program this year. Indicate in the third column whether the months of legal assistance support provided by each person was on either a full (F) or part-time (P) basis (e.g., 12-F, 3-P). Round off all fractions to the next whole number. Indicate in the sixth column, the number of days of training the individual has received this year on legal assistance or professional conductions. # of MOS of Civ. Notary Position/ Days of LAST NAME.										
direct support of your legal assistance program this year. Indicate in the third column whether the months of legal assistance support provided by each person was on either a full (F) or part-time (P) basis (e.g., 12-F, 3-P). Round off all fractions to the next whole number. Indicate in the sixth column, the number of days of training the individual has received this year on legal assistance or professional conductions. # of MOS of Civ. Notary Position/ Days of LAST NAME.										
direct support of your legal assistance program this year. Indicate in the third column whether the months of legal assistance support provided by each person was on either a full (F) or part-time (P) basis (e.g., 12-F, 3-P). Round off all fractions to the next whole number. Indicate in the sixth column, the number of days of training the individual has received this year on legal assistance or professional conductions. # of MOS of Civ. Notary Position/ Days of LAST NAME.										
direct support of your legal assistance program this year. Indicate in the third column whether the months of legal assistance support provided by each person was on either a full (F) or part-time (P) basis (e.g., 12-F, 3-P). Round off all fractions to the next whole number. Indicate in the sixth column, the number of days of training the individual has received this year on legal assistance or professional conductions. # of MOS of Civ. Notary Position/ Days of LAST NAME.										
direct support of your legal assistance program this year. Indicate in the third column whether the months of legal assistance support provided by each person was on either a full (F) or part-time (P) basis (e.g., 12-F, 3-P). Round off all fractions to the next whole number. Indicate in the sixth column, the number of days of training the individual has received this year on legal assistance or professional conductions. # of MOS of Civ. Notary Position/ Days of LAST NAME.										
direct support of your legal assistance program this year. Indicate in the third column whether the months of legal assistance support provided by each person was on either a full (F) or part-time (P) basis (e.g., 12-F, 3-P). Round off all fractions to the next whole number. Indicate in the sixth column, the number of days of training the individual has received this year on legal assistance or professional conductions. # of MOS of Civ. Notary Position/ Days of LAST NAME.	2 Link all		ad aivilian namaanad.		!!!!	tian (implication account	:			
provided by each person was on either a full (F) or part-time (P) basis (e.g., 12-F, 3-P). Round off all fractions to the next whole number. Indicate in the sixth column, the number of days of training the individual has received this year on legal assistance or professional conductions. AST NAME										
Grado/Rank LAST NAME # of MOS of Civ. Notary Position/ Days of LA	provided by	each person was on either a full	(F) or part-time (P) ba	ısis (e.g., 12-F, 3-P)	. Round off all fra	ctions to the next w	hole number.			
	indicate in tr	e sixth column, the number of a	ays of training the inc	ividuai nas received	this year on legal	assistance or prote	ssional conduct.			
LA Support YES NO Title Related Irai	Grade/Rank	LAST NAME					Days of LA-			
			LA Support	YES NO	litle		Related Training			

G. STAFF AND TRAINING (Cont.)

3. List all reserve component officers who provided legal assistance in your office in direct support of your legal assistance program during
the week (WK), on weekends (WE), during active duty training (AT), or in any other capacity (OT). Indicate in the third column whether the
attorney is licensed to practice law in the civilian community or communities in which your installation is located. Indicate the number of
days each officer provided legal assistance. Round off all fractions to the next whole number.

days cacin c	Theer provided legal assistance	. Hourid off di	i iradiidiid to	the next whole					
Rank	LAST NAME	Ju	censed in Irisdiction ES NO	#of Days of L Provided Durin Year		Nature of Reserve Duty			
	4. Briefly describe local professional training in legal assistance and professional conduct attended by legal assistance personnel during the year. This includes any non-TAD and office training programs.								
 5. Briefly describe your training/orientation program for newly assigned legal assistance attorneys. 6. Indicate the number of legal assist teleconferences, if any, that your attendaring the year: 									
7. Professional contacts: a. Describe the professional contacts on legal assistance issues that occurred during the year between attorneys in your legal office and lawyers in civilian or government practice in the jurisdictions adjoining your installations.									
	ny of the legal assistance embers of the local bar	YES NO If N	No, Why Not?						

c. Describe the professional contacts on legal assistance issues that occurred during the year between attorneys in your legal office and nonlawyers in the jurisdictions adjoining your installation (e.g., child support enforcement office personnel, consumer protection agency personnel).

NAVMC 11351 (11-97) PAGE 8
H. PREVENTIVE LAW EFFORTS
1. Articles and Publications:
a. List the significant original articles published this year by attorneys assigned within your legal office that addressed preventive law subjects. Do not enclose copies of the articles. Indicate the rank or grade of the author, the name of the publication (e.g., The Army Lawyer, Navy Times, the name of the installation newspaper, circular, bulletin, or booklet), the date of publication, and the title (or very brief description of the article.
b. Briefly discuss what use you have made of other legal office, BBS, or TJAGSA\NJS\Code JAL prepared handouts in your preventive law program.
c. Briefly describe what efforts your office has made to share your preventive law mateials on the BBS.
2. Briefly describe your preventive law efforts during the year to ensure eligible legal assistance clients were aware of and encouraged to use your free tax assistance services.
3. Briefly describe what, if any, information was disseminated on your installation regarding how and why soldiers should avoid receiving large income tax refunds, or paying unnecessary fees to file their returns electronically and/or to borrow money in anticipation of such refunds.
4. What preventive law material is available in your office waiting area?

I. CLOSING COMMENTS

NAVMC 11351 (11-97) PAGE 10	
	I. CLOSING COMMENTS (Cont.)

NAVMC 11351 (11-97) PAGE 11	
	ADDITIONAL COMMENTS

NAVMC 11351 (11-97) PAGE 12	
	ADDITONAL COMMENTS